



**Massachusetts Department of Environmental Protection**  
**Bureau of Waste Prevention • Business Compliance Division**

**BWP HW14 Permit Application**

**Renewal of License to Transport Hazardous Waste, Including  
Mixed Wastes**

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This file contains a series of forms compiled in Microsoft Word that can be filled out electronically. Some of these materials must be completed and returned to MassDEP or forwarded to third parties such as local newspapers, boards of health, or other federal and state agencies as part of the BWP HW14 application process. Please consult the BWP HW14 Instructions and Supplemental Materials for full instructions.

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## BOH Hazardous Waste Transporter Notification Letter

*To be sent with a copy of the application submitted to the local Board of Health in the Massachusetts city or town where transportation activities take place and license and records are maintained.*

**TO: Chairman  
Board of Health**

\_\_\_\_\_, **Massachusetts**  
City/Town

\_\_\_\_\_  
Zip Code

**RE: Application For Renewal of Hazardous Waste Transporter License**

Dear Sir/Madam:

Enclosed, please find a copy of an application for a hazardous waste transporter license for our company:

\_\_\_\_\_  
*Company name*

whose office is located in your city/town. Hazardous waste transporters move, by vessel or carrier, hazardous waste from the point of generation to any intermediate point(s) or to the points of ultimate storage, use, treatment, recovery, or disposal.

The Massachusetts Department of Environmental Protection (MassDEP) requires license applicants to send a copy of their hazardous waste **transporter license application to the local Board of Health**. The local board of health is specified in the Massachusetts Hazardous Waste Regulations (310 CMR 30.000) as located in the "Massachusetts town/city of the applicants office address, i.e., the location where transportation related activities take place and license records are maintained."

A public notice regarding this hazardous waste transporter license application will soon appear in the

\_\_\_\_\_  
Newspaper with Circulation in Your Community

on

\_\_\_\_\_  
Date (MM/DD/YYYY)

We will send you a copy of the public notice soon after publication.

Please keep your copy of the transporter license application available for **public review** at your office for the duration of the public comment period which will end forty-five (45) days from the date of publication of the public notice.

Please send or direct any written comments regarding this application to:

Massachusetts Department of Environmental Protection  
BWP Business Compliance Division  
HW Transporter Program  
One Winter Street, 7<sup>th</sup> Floor  
Boston, MA 02108

Thank you for your assistance and cooperation. Feel free to call MassDEP's Bureau of Waste Prevention, Business Compliance Division at (617) 292-5576 if you have any questions.

Sincerely,

# Public Notice of Hazardous Waste Transporter Renewal License Application

Pursuant to Massachusetts Hazardous Waste Regulation 310 CMR 30.000

\_\_\_\_\_  
Notice Publication Date (MM/DD/YYYY)

Public Notice is hereby given of the application by:

\_\_\_\_\_  
License Applicant

\_\_\_\_\_  
DBA

\_\_\_\_\_  
Location

for a renewal license to transport hazardous waste in Massachusetts. The Massachusetts Department of Environmental Protection (MassDEP) shall review written comments and then determine whether to grant or deny authorization for this activity pursuant to Massachusetts Hazardous Waste Regulation 310 CMR 30.000. When the Department either grants or denies the license, and you are aggrieved by this action, you may request an adjudicatory hearing. A request for a hearing must be made in writing and postmarked within twenty one days of the date of the decision. Persons seeking information about the status of the license review or any other information should contact MassDEP's Business Compliance Division at 617-292-5576.

This application is available for review at the following two locations:

1. Board of Health:

\_\_\_\_\_  
Board of Health

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City or Town

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone Number

2. The Department of Environmental Protection (MassDEP), Business Compliance Division, One Winter Street, 7th Floor, Boston, Massachusetts 02108; contact Winnie Prendergast at (617) 292-5596 to schedule an appointment to review an application.

The Department shall consider all written comments regarding this application submitted during the public comment period, which ends forty-five (45) days after the publication date of this notice. Written comments should be sent to: The Department of Environmental Protection (MassDEP), Business Compliance Division, One Winter Street, 7th Floor, Boston, Massachusetts 02108 (Attention: HW Transporter Licensing).



**Commonwealth of Massachusetts**  
**Executive Office of Environmental Affairs**  
**Department of Environmental Protection**  
**Bureau of Waste Prevention - Business Compliance Division**  
**Hazardous Waste Transport License**

1. Name of Licensee:

\_\_\_\_\_  
Name

2. Facility Address:

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

3. Mailing Address, if different:

\_\_\_\_\_  
Street/P.O. Box:

\_\_\_\_\_  
Cty/Town

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

4. Office and/or Parking Locations in Massachusetts (if different than above):

\_\_\_\_\_  
Office Location

\_\_\_\_\_  
Parking Location

5. Contact Person:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address

6. EPA Identification Number & Address:

\_\_\_\_\_  
EPA I.D. Number

\_\_\_\_\_  
Address - On EPA I.D. Number Form

7. Signature:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Official Title

This license is not valid until the effective date and unless signed by the Applicant and the Director of the Business Compliance Division (Bureau of Waste Prevention, Massachusetts Department of Environmental Protection).

**Do not write below this line - for MassDEP use only**

The Department hereby grants the above-named company a license to transport hazardous waste pursuant to M.G.L. Chapter 21C and Massachusetts Hazardous Waste Regulations 310 CMR 30.000. **The license becomes effective twenty-one (21) days after the date of signature on the license by the Director of the Business Compliance Division**, unless during that time an appeal has been received by the Department. In that case, the license is not in effect until, and if, the appeal is resolved in favor of the license applicant.

This license authorizes only the named licensee to engage in the transportation of all categories of hazardous waste listed or described in 310 CMR 30.100. This license is not transferable. This license does not grant any rights not otherwise granted by federal, state, or local statutes, ordinances, or regulations. The licensee shall comply at all times with all state and federal regulations and statutes applicable to the transportation of hazardous waste.

\_\_\_\_\_  
Director, Business Compliance Division

\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Effective Date (MM/DD/YYYY)

\_\_\_\_\_  
Expiration Date (MM/DD/YYYY)

\_\_\_\_\_  
Massachusetts License Number



**Massachusetts Department of Environmental Protection**  
Bureau of Waste Prevention – Business Compliance Division

# BWP HW 14 Permit Application

## Renewal Of License To Transport Hazardous Waste, Including Mixed Wastes

Transmittal Number # \_\_\_\_\_

Facility ID (if known) \_\_\_\_\_

### A. General Information

The applicant is the firm or individual needing a DEP approval or determination.

1. Applicant Information:

\_\_\_\_\_  
Legally Responsible Official

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Street Address/P.O. Box

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address

If prepared by the applicant, enter "same as #1", and move on to item 3.

2. Preparer Information:

\_\_\_\_\_  
Individual Preparing this Application

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Street Address/P.O. Box

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Telephone Number

3. Facility or Regulated Activity (if known):

\_\_\_\_\_  
MassDEP or FMF Facility ID # (if known)

\_\_\_\_\_  
EPA ID# (permanent or, if pending, temporary)

\_\_\_\_\_  
U.S. DOT #

\_\_\_\_\_  
MA Hazardous Waste Transporter License #

\_\_\_\_\_  
Federal Employer/Tax Identification Number (FEIN/TIN)

### B. Locations

Specify all locations in Massachusetts where vehicles used to transport hazardous waste will be parked OR where vehicles containing shipments of hazardous waste are held during the normal course of transportation. Indicate number and types of vehicles at each location. Continue on a separate attachment, if necessary.

1. Business Addresses:

\_\_\_\_\_  
Business Location #1

\_\_\_\_\_  
Business Location #2

\_\_\_\_\_  
Business Location #3

2. Parking Locations (Transportation Related Areas) in Massachusetts:

\_\_\_\_\_  
Parking Location #1

\_\_\_\_\_  
Number & Type(s) of Vehicles to be Parked Here

\_\_\_\_\_  
Parking Location #2

\_\_\_\_\_  
Number & Type(s) of Vehicles to be Parked Here

\_\_\_\_\_  
Parking Location #3

\_\_\_\_\_  
Number & Type(s) of Vehicles to be Parked Here



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Transmittal Number # \_\_\_\_\_

Facility ID (if known) \_\_\_\_\_

### **C. Activities & Applicant Qualifications**

#### **1. Summary of Activities:**

Provide a complete description of all current and proposed hazardous waste related activities in Massachusetts (use additional sheets if necessary). This description will not limit your ability to conduct hazardous waste transportation related activities. It is for planning purposes only.

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### **C. Activities & Applicant Qualifications (cont.)**

#### **2. Summary of Qualifications:**

Provide a complete description of the applicant's qualifications and experience in managing and operating a hazardous waste management firm. (for example, resumes including education, years in the business related experience). Include a list of states in which your firm holds hazardous waste permits. (Use additional sheets if necessary).

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### D. Wastes

Estimate the approximate quantities transported annually in pounds or gallons.

Indicate all categories of hazardous waste that you expect to transport. For a complete list of hazardous waste categories, refer to the MA hazardous waste regulations at 310 CMR 30.00. These projections would not limit the categories of hazardous waste that you would be allowed to transport; they are for planning purposes only.

1. Estimated Quantities of Hazardous Wastes Transported Annually:

Estimate of Total Solids (Pounds)

Estimate of Total Liquid (U.S. Gallons)

2. Types of Waste:

<b>X</b>	<b>Waste Category/Reg Reference</b>	<b>Describe how each waste type will be transported; e.g. bulk tanker, drums (size of drums).</b>
<input type="checkbox"/>	Ignitables 310 CMR 30.122	
<input type="checkbox"/>	Corrosives 310 CMR 30.123	
<input type="checkbox"/>	Reactives 310 CMR 30.124	
<input type="checkbox"/>	Toxicity Characteristic (TC) 310 CMR 30.125B	
<input type="checkbox"/>	Wastes from Non-Specific or Specific Sources Except Waste Oil or PCBs 310 CMR 30.131; 310 CMR 30.132	
<input type="checkbox"/>	Discarded Chemical Products 310 CMR 30.131; 310 CMR 30.132	
<input type="checkbox"/>	Acutely Hazardous Wastes 310 CMR 30.136	
<input type="checkbox"/>	Waste Oil 310 CMR 30.131 MA01	
<input type="checkbox"/>	PCBs 310 CMR 30.131 MA02	
<input type="checkbox"/>	Other (please specify)	

### E. Criminal Record Information

See  
310 CMR  
30.010 &  
310 CMR  
30.813(3).

Has any applicant/licensee or any officer, director, trustee, partner, or any person holding greater than five percent (5%) equity – or five percent (5%) liability – or any key staff individual (i.e., manager or supervisor) of the applicant/licensee ever been convicted of a felony or “crime involving moral turpitude”? ☐ Yes ☐ No

If Yes above, provide the following information:

Description of Charges and/or Convictions

Pending Charges, if Any

Court(s) Where Charges Were Brought

Sentence(s) Imposed, if Any



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### F. Confidentiality Request

You may request in writing that MassDEP keep confidential part or all of any documentary material or data submitted to the Department if such material or data, if made public, would divulge a trade secret. You are advised to read 310 CMR 3.00 carefully before making such a request because only certain material or data may properly be the subject of a request for confidentiality.

### G. Transporter Data Sheets

Each application for a license to transport hazardous waste must include the following informational attachments. The required information is described briefly below, and in some cases, samples of the required information are included with this application. Applicants are advised to read the regulations listed to be sure that all the necessary information is included.

#### To speed review of your permit application, please:

- Organize attachments in a three-ring binder and arrange them in the same order as listed below.
- Clearly label each attachment with the appropriate Transporter Data Sheet (TDS) number.
- Use “none” instead of “NA” when responding to requests for information that do not apply to your business.

Reference	Transporter Data Sheet (Attachments)	Description of Required Materials	Check when completed
See 310 CMR 30.807 for who must sign such documents.	TDS 01-1	Authority To Sign License Application: Attach a statement on company letterhead which designates an authorized representative of your company to sign application forms and other official documents	<input type="checkbox"/>
See 310 CMR 30.805(1) for DPU certification.	TDS 01-2	Department of Public Utilities (PDU) Certification: complete the enclosed DPU Oversight Division approval form (Form BWP HW 06-159B) requesting that DPU certify your compliance with the motor carrier requirements of MGL Chapter 159B. Submit one copy of the form to MassDEP as Attachment TDS 01-2. Send the original to the DPU at the address shown on the form. Blank form provided.	<input type="checkbox"/>





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### G. Transporter Data Sheets (continued)

Reference	Transporter Data Sheet (Attachments)	Description of Required Materials	Check when completed
See 310 CMR 30.803(8) training program requirements and 310 CMR 30.409(1) - (4) what employees must know.	TDS 01-3	Training Program Documentation:(1) Provide <input type="checkbox"/> a certification on company letterhead which states that all drivers and those accompanying drivers are trained and tested in compliance with 49 CFR part 172, Subpart H and 49 CFR section 177.800. (2) Include a notation in your TDS 01-3 response indicating that drivers receive training in the list of notification numbers to call in the event of a spill or release, and that those numbers are listed in the Emergency Procedures Guide submitted in Attachment TDS-01-13, Spill Cleanup Equipment and Procedures.	
See 310 CMR 30.803(9) for details of who must be listed.	TDS 01-4	Officer & Director Information: Provide the <input type="checkbox"/> names, residential and business addresses, and dates of birth of all officers, directors, and partners of the applicant and of all individuals who hold greater than 5% equity in (or liability of) the applicant.	
See 310 CMR 30.803(10) for details of what must be reported.	TDS 01-5	Other Business Activities: Attach a list of <input type="checkbox"/> other hazardous waste management businesses owned by any officer, director, partner, and persons named in Attachment TDS 01-4 above.	



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### G. Transporter Data Sheets (continued)

Reference	Transporter Data Sheet (Attachments)	Description of Required Materials	Check when completed
See CMR 30.803(11) and 30.813(4-5) for details of what must be reported.	TDS 01-6	Past /Pending Legal or Administrative Actions: Attach a list and explanation of <i>all</i> past/pending legal or administrative actions citing a violation of any statute, regulation, or court order related to hazardous waste management or transportation (or other related environmental or public health statutes/regulations) or any crime involving moral turpitude by the applicant/licensee, officer, director, trustee, partner, key staff individual (i.e., manager or supervisor) or persons named in Attachment TDS 01-4 above (covering a five-year period prior to the date MassDEP receives this application). “Legal or Administrative Action” refers to criminal convictions, criminal indictments, civil penalties, civic actions in court, notices of violation, administrative orders, and license revocations/suspensions (issued by any State or Federal authority). Failure to disclose these actions may result in the denial of your application, the revocation of your license, and/or the assessment of penalties.	<input type="checkbox"/>
See 310 CMR 30.803(12) for details of what must be reported.	TDS 01-7	Past/Pending Civil Suits: Disclose a list of all past or pending civil suits (by docket number and court) related to hazardous waste management or transportation operations or activities by the licensee/applicant. *	<input type="checkbox"/>



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### G. Transporter Data Sheets (continued)

Reference	Transporter Data Sheet (Attachments)	Description of Required Materials	Check when completed
See 310 CMR 30.826 for a description of Corporate Records requirements.	TDS 01-8	<p>Corporate Records: In this attachment, submit <input type="checkbox"/> copies of all records and documents that must be submitted to the Massachusetts Secretary of State. If the applicant is a Massachusetts corporation, attach a copy of the applicant's Articles of Organization and the latest Massachusetts Corporation Annual Report. If the applicant is an out-of-state corporation and has an office in Massachusetts, attach a copy of the applicant's Foreign Corporation Certificate and latest Foreign Annual Report. If the applicant is an out-of-state corporation and does not have an office in Massachusetts, attach a copy of the applicant's Articles of Organization.</p> <p>If the applicant is not a corporation, specify the applicant's business organization, i.e., sole proprietorship, partnership, or other. Indicate the applicant's status as a public, private, or other entity.</p>	
See 310 CMR 30.410 for detailed insurance requirements and 310 CMR 30.805(4) requiring that applicants submit this information.	TDS 01-9	<p>Liability Insurance: Submit two insurance documents: <input type="checkbox"/></p> <p>(1) Certificate of Insurance that (a) shows a minimum coverage of \$1 million per accident, (b) names the Department of Environmental Protection as the certificate holder ("MassDEP, Bureau of Waste Prevention, Business Compliance Division, One Winter Street, Boston, MA 02108") and (c) provides for thirty (30) days notice of cancellation to the certificate holder; and,</p> <p>(2) A DOT Endorsement (Form MCS-90) completed by your insurance company. This form covers liability for accidents, including environmental restoration, bodily injury, and property damage. Please note that this form amends the automobile policy number on the certificate of insurance.</p> <p>Note that renewal applicants may submit to the Department either originals or photocopies of current insurance certificates and corresponding DOT MCS-90 endorsement forms</p>	



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### G. Transporter Data Sheets (continued)

Reference	Transporter Data Sheet (Attachments)	Description of Required Materials	Check when completed
See the following: 310 CMR 30.805(4) requiring applicants to submit bonding documentation; & 310 CMR 30.411 for detailed bonding requirements and the types of financial instruments sufficient to meet those requirements	TDS 01-10	<p>Bonding Documentation: Complete and attach the enclosed Bond Form 8909 or submit a letter of credit as a financial guaranty that the applicant will faithfully perform regulatory requirements. Note that the Department accepts only bonds and letters of credit. See also the attached Letter of Credit documents (Guidance, Sample, and Checklist) for details on what constitutes an acceptable letter of credit.</p> <p>Note that renewal applicants need only send a photocopy of their bond or letter of credit to the Department. <i>Please instruct your surety company or lending institution to send bonding documents to you for submission to the Department with your application, and not directly from the surety company or lending institution to MassDEP.</i></p>	<input type="checkbox"/>
See 310 CMR 30.805(5) that requires applicants to submit this information.	TDS 01-11	<p>Vehicle Information: Submit a list of vehicles owned or operated by the applicant to transport hazardous waste. For each vehicle, specify: model year, plate number and state, and identification number.</p>	<input type="checkbox"/>
See 310 CMR 30.805(2) requiring that applicants submit this information.	TDS 01-12	<p>Plan for Cleaning Vehicles: Provide a detailed plan for cleaning vehicles that are used to transport hazardous waste.</p>	<input type="checkbox"/>



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### G. Transporter Data Sheets (continued)

Reference	Transporter Data Sheet (Attachments)	Description of Required Materials	Check when completed
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See the following: TDS 01-13

310 CMR  
30.805(6) which  
requires that  
applicants submit  
this information;

310 CMR 30.413  
describing actions  
that must be taken  
in transportation-  
related spills; and,

310 CMR 30.415  
detailing required  
elements of an  
emergency  
procedure guide,  
including a list of  
equipment that  
must be carried on  
all *vehicles*.

Spill Cleanup Equipment and Procedures: ☐

Submit a list of equipment carried on each vehicle, and your company's "Emergency Procedures Guide" which outlines step-by-step procedures to be followed by the driver in the event of a spill or release of hazardous waste during transport. The Guide must include a list of who shall be notified after a release, how the spill or release shall be initially contained, and how required emergency equipment shall be used. Make sure your list of MassDEP emergency response numbers and regional office phone numbers is up-to-date. The statewide MassDEP emergency phone numbers are:  
617-556-1133 (from the Boston area) and  
888-304-1133 (toll-free).

The MassDEP regional office phone numbers staffed on weekdays during normal business hours are:  
Central Regional Office (CERO): 508-792-7650  
Northeast Regional Office (NERO): 978-694-3200  
Southeast Regional Office (SERO): 508-946-2700  
Western Regional Office (WERO): 413-784-1100.

TDS 01-14

Transporter License: Complete the applicant information in sections 1-6 and sign and date line 7 of the enclosed "Final License" (blank). If the application is approved, the license will be signed and the official copy returned to the applicant, with an effective date twenty-one (21) days later (appeal period) as described on the license. ☐



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Facility ID (if known) \_\_\_\_\_

### **H. Certification**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Position/Title

\_\_\_\_\_  
Date (MM/DD/YYYY)

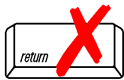


**Massachusetts Department of Environmental Protection**  
**Bureau of Waste Prevention • Business Compliance Division**  
**BWP HW14 – Renewal of License to Transport Hazardous Waste, Including Mixed Wastes**  
**Department of Public Utilities Approval**

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**Important:**

When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



**MAIL OR FAX THIS FORM TO:**

Department of Public Utilities  
Oversight Division  
One South Station, 2nd Floor  
Boston, Massachusetts 02110  
Attn: Timothy Davis

Telephone: (617) 305-3559  
Fax: (617) 478-2598

Dear Sir/Madam:

My firm is a carrier applying to the Massachusetts Department of Environmental Protection (MassDEP) for a license to transport hazardous waste pursuant to Massachusetts General Law Chapter 21C and the Hazardous Waste Management Regulations (310 CMR 30.000).

As part of the licensing process, I must ask the Department of Public Utilities to send MassDEP either:

- A certification of compliance with the requirements of Massachusetts General Law chapter 159B (for-hire carriers), OR
- A statement that the applicant is exempt from the requirements of MGL chapter 159B (private carriers).

I have completed Items 1 and 2 below so that your office can provide MassDEP with either the required certification or an exemption statement. Please send me a copy of your correspondence with MassDEP on this matter.

**Item 1: Enter Carrier Information**

Owner/Corporation Name	D/B/A
Principal Business Address	Mailing Address
Telephone Number	

**Item 2: Certify the Type of Carrier**

I certify that the above carrier provides and is licensed to perform:

<input type="checkbox"/> Interstate for-hire transportation. Provide U.S. DOT #:	DOT #
<input type="checkbox"/> Intra state for-hire transportation. Provide Mass. DPU compliance #:	DPU Compliance #

Name	Signature
Position/Title	Date (MM/DD/YYYY)

**ENDORSEMENT FOR  
MOTOR CARRIER POLICIES OF INSURANCE FOR PUBLIC LIABILITY  
UNDER SECTIONS 29 AND 30 OF THE MOTOR CARRIER ACT OF 1980**

Issued to \_\_\_\_\_ of \_\_\_\_\_  
Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_  
Amending Policy No. \_\_\_\_\_ Effective Date \_\_\_\_\_  
Name of Insurance Company \_\_\_\_\_  
Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_ Countersigned by \_\_\_\_\_  
Authorized Company Representative

The policy to which this endorsement is attached provides primary or excess insurance, as indicated by the "x", for the limits shown:

- ☐ This insurance is primary and the company shall not be liable for amounts in excess of \$ \_\_\_\_\_ for each accident.
- ☐ This insurance is excess and the company shall not be liable for amounts in excess of \$ \_\_\_\_\_ for each accident  
in excess of the underlying limit of \$ \_\_\_\_\_ for each accident.

Whenever required by the Federal Highway Administration (FHWA) or the Interstate Commerce Commission (ICC), the company agrees to furnish the FHWA or the ICC a duplicate of said policy and all its endorsements. The company also agrees, upon telephone request by an authorized representative of the FHWA or the ICC, to verify that the policy is in force as of a particular date. The telephone number to call is:

( \_\_\_\_\_ ) \_\_\_\_\_.

Cancellation of this endorsement may be effected by the company or the insured by giving (1) thirty-five (35) days of notice in writing to the other party (said 35 days notice to commence from the date the notice is mailed, proof of mailing shall be sufficient proof of notice), and (2) if the insured is subject to the ICC's jurisdiction, by providing thirty (30) days notice to the ICC (said 30 days notice to commence from the date the notice is received by the ICC at its office in Washington, D.C.).

**DEFINITIONS AS USED IN THIS ENDORSEMENT**

**ACCIDENT** includes continuous or repeated exposure to conditions, which results in bodily injury, property damage, or environmental damage, which the insured neither expected nor intended.

**MOTOR VEHICLE** means a land vehicle, machine, truck, tractor, trailer, or semitrailer propelled or drawn by mechanical power and used on a highway for transporting property, or any combination thereof.

**BODILY INJURY** means injury to the body, sickness, or disease to any person, including death resulting from any of these.

**ENVIRONMENTAL RESTORATION** means restitution for the loss,

damage, or destruction of natural resources arising out of the accidental discharge, dispersal, release or escape into or upon the land, atmosphere, watercourse, or body of water, of any commodity transported by a motor carrier. This shall include the cost of removal and the cost of necessary measures taken to minimize or mitigate damage to human health, the natural environment, fish, shellfish, and wildlife.

**PROPERTY DAMAGE** means damage to or loss of use of tangible property.

**PUBLIC LIABILITY** means liability for bodily injury, property damage, and environmental restoration.

The insurance policy to which this endorsement is attached provides automobile liability insurance and is amended to assure compliance by the insured, within the limits stated herein, as a motor carrier of property, with Sections 29 and 30 of the Motor Carrier Act of 1980 and the rules and regulations of the Federal Highway Administration (FHWA) and the Interstate Commerce Commission (ICC).

In consideration of the premium stated in the policy to which this endorsement is attached, the insurer (the company) agrees to pay, within the limits of liability described herein, any final judgement recovered against the insured for public liability resulting from negligence in the operation, maintenance or use of motor vehicles subject to the financial responsibility requirements of Sections 29 and 30 of the Motor Carrier Act of 1980 regardless of whether or not each motor vehicle is specifically described in the policy and whether or not such negligence occurs on any route or in any territory authorized to be served by the insured or elsewhere. Such insurance as is afforded, for public liability, does not apply to injury to or death of the insured's employees while engaged in the course of their employment, or property transported by the insured, designated as cargo. It is understood and agreed that no condition, provision, stipulation, or limitation contained in the policy, this endorsement, or

any other endorsement thereon, or violation thereof, shall relieve the company from liability or from the payment of any final judgement, within the limits of liability herein described, irrespective of the financial condition, insolvency or bankruptcy of the insured. However, all terms, conditions, and limitations in the policy to which the endorsement is attached shall remain in full force and effect as binding between the insured and the company. The insured agrees to reimburse the company for any payment made by the company on account of any accident, claim, or suit involving a breach of the terms of the policy, and for any payment that the company would not have been obligated to make under the provisions of the policy except for the agreement contained in this endorsement.

It is further understood and agreed that, upon failure of the company to pay any final judgement recovered against the insured as provided herein, the judgement creditor may maintain an action in any court of competent jurisdiction against the company to compel such payment.

The limits of the company's liability for the amounts prescribed in this endorsement apply separately, to each accident, and any payment under the policy because of any one accident shall not operate to reduce the liability of the company for the payment of final judgements resulting from any other accident.

The Motor carrier Act of 1980 requires limits of financial responsibility according to type of carriage and commodity transported by the motor carrier. It is the MOTOR CARRIER'S obligation to obtain the required limits of financial responsibility.

THE SCHEDULE OF LIMITS SHOWN ON THE REVERSE SIDE DOES NOT PROVIDE COVERAGE.

The limits shown in the schedule are for information purposes only.

(OVER)



**SCHEDULE OF LIMITS**  
**Public Liability**

	<b>Type of Carriage</b>	<b>Commodity Transported</b>	<b>Minimum Insurance</b>
(1)	For-hire (in interstate or foreign commerce).	Property (nonhazardous)	\$ 750,000
(2)	For-hire and Private (in interstate, foreign, or intrastate commerce).	Hazardous substances transported in cargo tanks, or hopper-type vehicles with capacities in excess of 3,500 water gallons; or in bulk class A or B explosives, poison gas (Poison A), liquefied compressed gas, or compressed gas; or highway route controlled quantity radioactive materials.	5,000,000
(3)	For-hire and Private in interstate commerce: in any quantity) or (in intrastate commerce: in bulk only).	Oil listed in 49 CFR 172.101, hazardous waste, hazardous materials and hazardous substances defined in 49 CFR 171.8 and listed in 49 CFR 172.101, but not mentioned in (2) above or (4) below.	1,000,000
(4)	For-hire and Private (in interstate or foreign commerce).	Any quantity of Class A or B explosives, any quantity of poison gas (Poison A), or highway route controlled quantity radioactive materials.	5,000,000

**Note:** The type of carriage listed under (1), (2), and (3) apply to vehicles with a gross vehicle weight rating of 10,000 pounds or more. The type of carriage listed under number (4) applies to all vehicles with gross vehicle weight rating of less than 10,000 pounds.

**SCHEDULE OF LIMITS**  
**Public Liability**

**For-hire motor carriers of passengers operating in interstate or foreign commerce**

	<b>Vehicle Seating Capacity</b>	<b>Minimum Insurance</b>
(1)	Any vehicle with a seating capacity of 16 passengers or more.	\$ 5,000,000
(2)	Any vehicle with a seating capacity of 15 passengers or less.	1,500,000



Massachusetts Department of Environmental Protection  
Bureau of Waste Prevention – Business Compliance Division

# BOND FORM 8909

(for use with BWP HW TDS 01)

Bond for Licensed Hazardous Waste Transporters in  
Accordance with 310 CMR 30.411, Bonding Requirements

Transmittal Number # \_\_\_\_\_

Facility ID (if known) \_\_\_\_\_

Bond Number # \_\_\_\_\_

## KNOW ALL MEN BY THESE PRESENTS:

### Important:

When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



That we \_\_\_\_\_, of \_\_\_\_\_,  
(name of licensee) (city)  
in the County of \_\_\_\_\_, in \_\_\_\_\_ as PRINCIPAL, and the  
(state)  
\_\_\_\_\_, a corporation duly organized and existing under the laws of  
(Surety Company)  
the State of \_\_\_\_\_ having its principal office at \_\_\_\_\_  
(address)

in the State of \_\_\_\_\_ and being duly authorized to transact the business of a surety

company in the Commonwealth of Massachusetts, as SURETY, are holden and stand firmly bound and obligated unto the Commonwealth of Massachusetts, acting by and through the Department of Environmental Protection, hereinafter called the Department, as OBLIGEE, in the sum of Ten Thousand and no/100 dollars, \$10,000.00, to the payment of which we jointly and severally bind ourselves, our heirs, executors and administrators, successors and assigns, by these presents.

Whereas the PRINCIPAL has made application to the Department for a license to engage in the business of transporting hazardous waste within and through the Commonwealth of Massachusetts and to perform related services ancillary to such transportation pursuant to Massachusetts General Laws, Chapter 21C, and regulations promulgated thereunder.

Now therefore, the conditions of this obligation are such that if the said Department shall grant the application and issue the license above referred to and if the PRINCIPAL or his or its agents, operatives, assistants or employees shall not comply with the provisions of Massachusetts General Laws, Chapter 21C, or any order issued or regulation promulgated thereunder, or with such other law or order, or regulation of the Commonwealth as may be applicable to anything done by the PRINCIPAL in the pursuance of said license or licensed activities, or fails to faithfully conduct the business and properly discharge all the services which he or it may perform by virtue of such license, then this obligation shall be and remain in full force and effect, subject, however, to the following conditions.

1. That this bond shall be continuous in form; the liability under the bond may be terminated by a surety or bank by giving ninety (90) days written notice to the Department and to the licensee by registered or certified mail, and upon giving such notice, the surety or bank shall be discharged from all liability under the bond for any act or omission of the licensee, one (1) year and ninety (90) days from the date of receipt of the notice by both the Department and the licensee, as shown by the later return receipt.

2. That nothing contained herein shall be construed to impose upon the SURETY any greater liability in the aggregate than the total amount of this bond.

3. After the surety or bank gives such notice, and before the surety's or bank's discharge from liability takes effect, or within another period set by order of the Department, the licensee shall provide evidence of replacement bond coverage; otherwise, the licensee shall be deemed to be without bond coverage in violation of 310 CMR 30.411.

4. The said bond may be enforced by the OBLIGEE if the PRINCIPAL does not comply with any of the requirements of MGL chapter 21C, 310 CMR 30.000 or a condition of the license or a Department order issued to the PRINCIPAL and if the Department also finds that the PRINCIPAL failed to promptly remedy said failure to comply.



Massachusetts Department of Environmental Protection  
Bureau of Waste Prevention – Business Compliance Division

# BOND FORM 8909 (for use with BWP HW TDS 01)

Bond for Licensed Hazardous Waste Transporters in  
Accordance with 310 CMR 30.411, Bonding Requirements

Transmittal Number # \_\_\_\_\_

Facility ID (if known) \_\_\_\_\_

Bond Number # \_\_\_\_\_

In witness whereof, the said \_\_\_\_\_ as PRINCIPAL has hereunto set

\_\_\_\_\_ signature and seal and the said \_\_\_\_\_ Company

has affixed its corporate seal and caused these presents to be signed in its behalf by its duly authorized

thereto this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

In the presence of

\_\_\_\_\_  
(Principal)

\_\_\_\_\_  
(Surety Company)

The above bond examined and approved as being  
for the amount, and in the form, by the Department

\_\_\_\_\_  
Commissioner of the Department of Environmental Protection

**ATTACH POWER OF ATTORNEY**

Date \_\_\_\_\_

---

Company Name

Tax ID Number (If Known)

## Vehicle Identification Device (VID) Form

## Vehicle Information

Enter the following information for each new vehicle:

[illegible]



**Massachusetts Department of Environmental Protection**  
Bureau of Waste Prevention – Business Compliance Division

**Vehicle Identification Device (VID) Form**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Tax ID Number (If Known)

**Vehicle Information**

Enter the following information for each new vehicle:

Model Year	VIN Number	License Plate Number	State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



**Massachusetts Department of Environmental Protection**  
Bureau of Waste Prevention – Business Compliance Division

# Tax Certification Form

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As part of the Hazardous Waste or Precious Metals Class (B4) Regulated Recyclable Material Transporter Application process, you are required to provide the tax certification described below. Please have your authorized company representative provide the required certification, and return the form to the Bureau of Waste Prevention, Business Compliance Division.

The person providing such certification must be a corporate officer, i.e., president, secretary, treasurer, or vice president of the corporation in charge of a business function for the corporation. If the applicant is a partnership, the certification must be signed by a general partner. If the applicant is a sole proprietorship, the certification must be signed by the proprietor. All such certifications will become part of the application.

## CERTIFICATION

Under penalties of perjury, I certify, as required by General Laws, Chapter 62C, Section 49A, that:

\_\_\_\_\_  
Name of Corporation, Partnership, or Sole Proprietorship

has complied with all laws of the Commonwealth of Massachusetts relating to taxes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date (MM/DD/YYYY)



**Massachusetts Department of Environmental Protection**  
Hazardous Waste Transporter Program  
**Notification of Activities**  
**as a Marketer of Used Oil Fuel**  
Pursuant to 310 CMR 30.255

For Official Use Only:

EPA ID Number

Date Issued (MM/DD/YYYY)

**Important:**

When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



**A. Instructions**

Please Print. For assistance in completing this form, call the Hazardous Waste Compliance Assistance line at (617) 292-5898.

This form should be used only by existing Hazardous Waste Transporters licensed by the Massachusetts Department of Environmental Protection (MassDEP) to amend an existing notification to include "Activities as a Marketer" or by a new applicant for a Transporter's License who intends to market used oil fuel.

**B. Applicant Information**

**1. Notifying Company:**

Name of Notifying Company

Site of Hazardous Waste Activity

City/Town

State

Zip Code

**2. Mailing Address:**

P.O. Box or Street

City/Town

State

Zip Code

**3. Standard Industrial Classification(s) - (consult your industry fact sheet)**

Four Digit SIC Code

Description

Four Digit SIC Code

Description

**4. Contact person to be telephoned regarding information on this form:**

Name

Title

Address

Telephone Number

**5. Ownership - Enter the name and address of the person or corporate entity which is the legal owner of the business. Check type of ownership:**

Name of Legal Owner of Business

Mailing Address

City/Town

State

Zip

☐ Federal ☐ State ☐ Country ☐ Municipal ☐ Indian ☐ Private ☐ Other

**Return to:**

MassDEP  
Hazardous Waste  
Transporter  
Program  
One Winter  
Street, 7th Floor  
Boston, MA  
02108

Note: The  
Massachusetts  
Department of  
Environmental  
Protection is  
authorized by the  
U.S. EPA to  
administer the  
notification  
process (310  
CMR 30.303(2)).



**Massachusetts Department of Environmental Protection**  
Hazardous Waste Transporter Program  
**Notification of Activities**  
**as a Marketer of Used Oil Fuel**  
Pursuant to 310 CMR 30.255

For Official Use Only:

EPA ID Number

Date Issued (MM/DD/YYYY)

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### C. Type of Hazardous Waste Activity

1. Check each that applies:

☐ Market used oil fuel      Type of used oil fuel      ☐ Specification ☐ Off-Specification

- License of Permit Activity - Complete this section if a permit, license, is on file with MassDEP. Check only where applicable.

☐ Transporter of hazardous waste      ☐ Transporter of waste oil only

☐ Transporter of precious metal waste only      ☐ Recycler (commercial/level III)

☐ Treatment, storage disposal facility

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### D. Certification

"I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attached documents and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are penalties for submitting false information, including the possibility of fine and imprisonment.

"I also certify that I have a program and procedures in effect to:

1. Ascertain by appropriate analytical methods contained in EPA's Test Methods for Evaluating Solid Waste, SW-846 Edition III, and Updates, such as the field screening tests described in Method 9077, or by an alternate method accepted by EPA, that each shipment I market as off-specification used oil fuel meets the conditions for used oil fuel provided in 310 CMR 30.215; and
2. Ascertain by appropriate analytical methods contained in EPA's Test Methods for Evaluating Solid Waste, SW-846 Edition III, and Updates, or by an alternative method accepted by EPA, that each shipment I market as specification used oil fuel meets the conditions provided in 310 CMR 30.215 for used oil fuel and the parameters provided in 310 CMR 30.216 for specification used oil fuel; and
3. Assure compliance with the requirements of 310 CMR 30.255 as applicable.

"In addition, I understand that any material supplied with this application will not be considered confidential unless I specifically request that such material be kept confidential and the Department has made a determination of confidentiality in accordance with 310 CMR 3.00 regulations governing access to, and confidentiality of, Department records and files under the Hazardous Waste Management Act."

\_\_\_\_\_  
Signature (legal owner or chief operating officer at the site)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Official Title

\_\_\_\_\_  
Date Signed (MM/DD/YYYY)

**Return to:**

MassDEP/BWP  
Hazardous Waste Transporter Program  
One Winter Street, 7<sup>th</sup> Floor  
Boston, MA 02108